LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

STANDARDS OF CARE COMMITTEE MEETING MINUTES

February 7, 2008

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Angelica Palmeros, *Co-Chair*	Fariba Younai, *Co-Chair*	Miguel Ayala	Angela Boger	Jane Nachazel
Sharon Chamberlain	Maxine Franklin	Mark Davis	Carlos Vega-Matos	Phil Meyer
Terry Goddard	David Giugni	Joanne Granai		Glenda Pinney
Jan King	Dean Page	Miki Jackson		Doris Reed
Brad Land	Gilbert Varela	Rich Mathias		Craig Vincent-Jones
Everardo Orozco		Jenny O'Malley		

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Executive Committee Agenda, *2/7/2008*
2) **Standards of Care**: Medical Outpatient Services, *1/13/2006*
3) **Standards of Care**: Medical Specialty Services, *1/13/2006*
4) **Book Section:** Data Envelopment Analysis
5) **Standards of Care**: Medical Care Coordination Services, *1/3/2008*

1. **CALL TO ORDER**: Ms. Palmeros called the meeting to order at 9:10 a.m. and self-introductions were made.

2. **APPROVAL OF AGENDA**:
MOTION #1: Approve the Agenda Order **(*Passed by consensus*)**.

3. **APPROVAL OF MEETING MINUTES**: There were no minutes.
MOTION #2: Approve the Standards of Care Committee meeting minutes, as presented **(*Postponed)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments

5. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no comments.

7. **CO-CHAIRS' REPORT**: Mr. Goddard was approved for secondary committee assignment to the SOC Committee.

8. **MEDICAL CARE COORDINATION STANDARDS OF CARE**:
   - Mr. Meyer noted the review was begun last month and would pick up at that point. Mr. Vincent-Jones reported discussions with OAPP on implementation issues were planned and pertinent questions would be returned to the SOC, but probably not by the next meeting.
   - Page 6: Agreed to include "preventing further spread of HIV" as one of the goals of Medical Care Coordination.
   - Page 18: Mr. Meyer noted that caseloads were not in other standards of care. Mr. Vincent-Jones reported that the Medical Advisory Committee was in favor of case loads, accepting 30 per month for all high acuity and 350 for all low acuity. Ms. Boger recommended deferring case load level until the acuity scale was developed.
   MOTION #3: ***(Chamberlain/Land)*** Approve inclusion of a case worker caseload range in the standards of care **(PASSED—Ayes: *Chamberlain, King, Land, Orozco, Palmeros;* No: *Goddard)***.

MOTION #4: ***(Land/Orozco)*** Approve a case worker case load range of 30 to 360 **(FAILS—Ayes: *King, Land, Orozco;* No: *Chamberlain, Goddard, Palmeros)***.
MOTION #5: ***(Land/Orozco)*** Approve a case worker case load range of 30 to 300 **(PASSED—Ayes: *King, Land, Orozco, Palmeros;* No: *Chamberlain, Goddard)***.

- Page 18: Mr. Vincent-Jones reported that the Medical Advisory Committee did not agree with the term "non-active" because a patient could be actively involved in care without utilizing care coordination services. Agreed that staff would coordinate suggestions for an alternative term to be included with the revised standards of care before it was returned to the expert panel.
- Page 25: Agreed to change "Domestic violence" to "Abuse history."
- Page 27: Agreed not to change the term to "Individual Treatment Plan."
- Page 27: Agreed to change the completion time from 7 to 30 days.
- Page 27: Agreed to add "mental health history and current diagnosis" and "substance abuse history and current diagnosis" to treatment plan review.
- Page 28: Agreed to add plan signature of "care management team" (the Social Worker, RN team) to "care manager."
- Page 28: Agreed not to add prevention plan section to plan since the assessment already would trigger it if needed.
- Page 28: Agreed to include minimum weekly, preferably face-to-face, contact for crisis acuity level patients.
- Page 28: Agreed to reference, rather than detail, sensitive CTP elements like mental health.
- Page 28: Agreed to retain boxed items.
- Page 29: Agreed to require explanation for any CTP completion delays.
- Page 31: Agreed to add "Self-Management and Care" section, but change to "Self-Efficacy and Care."
- Page 31: Agreed to add "and other" to "HIV-related services" for "HIV-related and other services."
- Page 32: Agreed to add to coordination of Ryan White-funded "and other non Ryan White-funded services."
- Page 32: Agreed to change ""establish" to "participate in" in network agreements like with SPNs and others to encourage collaboration. The group agreed that might take several forms, for example, MOUs or a countywide HMO-like structure.
- Page 32: Agreed to accept first phrase, "special attention will be given to those referrals for which the patient did not follow through," but to reject the following recommended sentence enhancing feedback on such referrals.
- Page 32: Agreed to add to the section on working with non-contracted providers "Such efforts…program administration will be notified for mitigation," changing "mitigation" to "for follow-up," but not adding the other two suggestions.
- Page 33: Agreed not to include the additional boxed suggestions.
- Page 33 and 33-34: Agreed not to add possible invitation of patients to case conferences.
- Page 34: Agreed to delete lines beginning, "Larger programs may…" of the first paragraph under "Benefits Specialty."
- Page 34: Mr. Vincent-Jones noted SOC had decided to integrate Benefits Specialty with the understanding that referral did not constitute "ensured" integration as opposed to integrated staff or contracted services. Ms. Granai said a tighter definition of "linked referral" could meet minimum standards, but Mr. Vincent-Jones asserted only contractual relationships ensured standards. Mr. Mathias said his agency had been concerned about conflict of interest if services were integrated, or expense if not. It was agreed that staff would provide a memorandum on service integration options for consideration at a subsequent meeting.
- Page 34: Agreed to retain Benefits Specialty as an embedded service.
- Page 34: Agreed that referrals did not meet the level of "ensured."
- Page 34: Agreed that staff would provide a memorandum on service integration options for consideration at a subsequent meeting.
- Page 34: Agreed that financial simulation would include a comparison of the cost of embedded versus separate Benefits Specialty services.

MOTION #6: ***(Goddard/Land)*** Approved to revise second sentence of first Benefits Specialty paragraph to read, "…system of care, and can be provided either directly by staff of the Medical Care Coordination program or through a contractual relationship with another provider" **(PASSED by Consensus)**.

- Page 34: Agreed to integrate the above decisions into the standard as appropriate, for example: part would go under assessment; part under appeals; and part as a separate function, though not necessarily separate staff, under staffing.
- Page 35: Agreed to better integrate language from previous independent Benefits Specialty Standards of Care into CTP assessment, while continuing to highlight it, in place of language that suggested two assessments. Ensure other distinct areas of concern without a separate standard of care were also so highlighted. It was made clear that assessment did not require each provider to provide every aspect of assessment independently. Implementation issues were the purview of OAPP.
- Page 37: Agreed to change language regarding prevention education to family and other support people as suggested, in both leading paragraph and box, which would reduce that education standard from "will provide" to "be offered."
- Page 37: Agreed to change, "Identify and treat other sexually transmitted diseases,' to "Identify risk behaviors and educate the patient about other sexually transmitted illnesses and communicable diseases."

- Page 37: Agreed to accept alternate language regarding incorporation of prevention staff or linkage to such staff.
- Page 39: Agreed to accept some of the recommended changes to bullets and the box on case closure: change "incarceration" to "long-term incarceration," change "patient transfer" from closure to referral.
- Page 42: Regarding BSN and RN experience, agreed to change "must have" to "It is preferred…will have…."
- Page 42: Agreed that social workers would be designated "patient care managers."
- Page 42: Agreed to change to "related Master's degree" and specify Social Work, Psychology, and Family Counseling.
- Page 42: Ms. O'Malley recommended a review process for exemptions and agreed to forward state language to Mr. Meyer to be adapted with OAPP in the state's review role.
- Page 42: Agreed to delete "one of the following" as redundant.
- Page 43: Agreed to change to "in direct patient care in a related health services field."
- Page 43: Agreed to change to "will be an LVN or certified Medical Assistant with at least one year experience working in direct HIV care or at least three years experience working in direct patient health care."
- Page 43: Agreed to delete "Certification" and "Re-certification" from references to OAPP's Case Worker Training.
- Page 44: Agreed to replace specific education requirements with "…must complete a minimum of 8 hours of continuing education in HIV care-related topics per year."

9. **MEDICAL OUTPATIENT RATE STUDY**: The subject was postponed.

10. **OUTCOMES WORKSHOP**: Mr. Vincent-Jones reported that the workshops went well, but there had been insufficient time to address all of the categories, and to detail indicators. He added that further work on outcome language was needed, additional meetings (by phone) would be scheduled to address unfinished service categories, and work on indicators would begin once the outcomes were settled.

11. **STANDARDS OF CARE FOLLOW-UP**: There was no report.

12. **SERVICE EFFECTIVENESS**: The subject was postponed.

13. **GRIEVANCE POLICIES AND PROCEDURES**: The subject was postponed.

14. **AETC REPOTY**: The subject was postponed.

15. **WORK PLAN**: There was no additional information.
    A. Priorities
    B. Assignments

15. **ANNOUNCEMENTS**: There were no announcements.

16. **ADJOURNMENT**: The meeting was adjourned at 12:15 pm.